



CALIFORNIA STATE ATHLETIC COMMISSION

Offices: 1424 HOWE AVENUE, SUITE 33, SACRAMENTO, CA 95825-3217 (916) 263-2195 FAX (916) 263-2197
 5757 W. CENTURY BLVD., GF-16, LOS ANGELES, CA 90045 (310) 641-8668 FAX (310) 641-8516



APPLICATION FOR PROFESSIONAL ATHLETE

TYPE OF LICENSE: ☐ BOXING ☐ MARTIAL ARTS

**ALONG WITH THIS APPLICATION PLEASE
 SUBMIT THE BELOW ITEMS. ALL ITEMS MUST
 BE SUBMITTED BEFORE YOUR
 APPLICATION CAN BE PROCESSED.**

1. \$60 Application Fee
2. Physical/Eye Examination Report by licensed physician
3. Neurological Examination Report (by licensed physician specializing in neurology and/or neurosurgery)
4. Negative human immunodeficiency virus (HIV)
5. Negative Hepatitis C virus (HCV Surface Antibody)
6. Negative Hepatitis B (HBV Surface Antigen)
7. One (1) Passport sized photograph

NOTE: All test results must be on the letterhead of a laboratory in the United States that possesses a certificate under the Clinical Laboratory Improvement Act (42 U.S.C. Sec. 263a).

OFFICE USE ONLY

License #: _____ Bout Date: _____

Federal ID #: _____ Expires: _____

Rec'd By: _____ Date Rec'd: _____

Amt Rec'd: \$ _____ Method of Pymt: _____

Check Number: _____ Receipt #: _____

P/E Date: _____

Reviewed by _____ Date: _____

HBV Date: _____ HCV Date: _____

HIV Date: _____

Reviewed by _____

**APPROVED FOR TEMPORARY / PERMANENT
 LICENSE**

Authorized Signature

Date

SECTION 1.

Full Name:

(Please Print)

LAST

FIRST

MIDDLE

Ring Name:

Telephone Including Area Code

()

ADDRESS:

City

State

Zip Code

Country

AGE

M / F

Date of Birth

Social Security
 Number
(Mandatory)

Height

Ft. In.

lbs.

(Circle One)

Place of Birth

Hair / Eye Color

Weight

SECTION 2.

Have you ever used any other name(s)? If answer is Yes, list name(s): _____

Are you licensed as a professional athlete in any state or country? ☐ YES ☐ NO

If answer is yes, list state or country and history: _____

Have you ever been disqualified in any contest? If "Yes", explain. _____

Has your licensed ever been denied, suspended or revoked in any state or country for medical reasons?
(DO NOT INCLUDE ANY ACTION BASED ON HIV/HBV TEST RESULTS) ☐ YES ☐ NO

If "Yes", explain and list the state or country:

SECTION 3.

If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission or any similar governmental authority, provide the following information for each license, listing the most recent first:

Type of License	Year license issued	Issuing agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority? ☐ YES ☐ NO If YES, provide the following information:

License Type and Issuing agency	Action Taken	Reason for Action	Date of Action
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there charges pending against you by the California State Athletic Commission, another athletic commission or any similar Governmental authority? ☐ YES ☐ NO If YES, provide the following information:

Charge	Date of Charge	Governmental Authority	Hearing Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of, or entered a plea of guilty, for a crime in any jurisdiction? NOTE: You must include all misdemeanors and felonies, even if adjudication was withheld, or the conviction was set aside, dismissed or expunged. ☐ YES ☐ NO If YES, provide the following information:

Crime	Date of Conviction	City, State, Country	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any criminal action, either misdemeanor or felony pending against you? ☐ YES ☐ NO
If YES, provide the following Information:

Charge	Date of Charge	City, State, Country	Trial Date

COMPLETE AMATEUR RECORD:

WINS: _____ WINS BY KO: _____
LOSSES: _____ LOSSES BY KO: _____
DRAWS: _____ N/A: _____

COMPLETE PROFESSIONAL RECORD:

WINS: _____ WINS BY KO: _____
LOSSES: _____ LOSSES BY KO: _____
DRAWS: _____ N/A: _____

MARTIAL ARTS ATHLETES ONLY:

Describe your martial arts background and list all of your record(s) information for any martial arts specialty.

[illegible]

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name _____ Relationship _____
Address _____ Phone Number _____
City _____ State _____ Zip Code _____ Country _____

AUTHORITY TO RELEASE INFORMATION

Authority to provide the California State Athletic Commission with this information is established pursuant to Sections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social security number is mandatory pursuant to Section 30 of the Business and Professions Code and Pub. L.94-455 (42 USCA 405 (c) (C) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your social security number your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

This item is VOLUNTARY. You do not have to check this box.

☐ I hereby authorize the California State Athletic Commission to release my telephone number to any commission licensee. This authorization shall be valid during the calendar year in which this application is signed. All items in this application are mandatory; None are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The Information provided will be used to determine qualification for licensure.

Information on your application and physical examination report may be released to law enforcement Agencies. Applicants have the Right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of Records.

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for a Professional MMA Athlete license, that all the answers given are my own and that all the answers are true and that the HIV/HBV/HCV Test Report represents my HIV/HBV Test results. Further, I understand that any misstatement of material fact in this application will Constitute grounds for denying or revoking the license.

CHILD SUPPORT INFORMATION

Please mark the appropriate response. Failure to do so shall result in the denial of your application and administrative suspension.

_____ I am not the subject of a child support court order.

_____ I am the subject of a child support court order.

_____ I am a subject of a child support court order of one or more children and am in compliance with the order, or am in compliance with the plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

_____ I am a subject of a child support court order of one or more children and am **not** in compliance with the order, or with the plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's signature: _____ Date: _____